

Hamilton County Health Department

Training Application

PLEASE PRINT ALL INFORMATION

FOR DEPARTMENT OF HEALTH USE ONLY	
<input type="checkbox"/> TM Date Entered: _____ Date Received: _____ Prerequisite(s) met? Y <input type="checkbox"/> N <input type="checkbox"/>	
Student Name:	Organization Represented:
Address (certificate):	Position in Organization:
Email Address:	Discipline (check all that apply) EMA <input type="checkbox"/> LAW ENF. <input type="checkbox"/> EMS <input type="checkbox"/> Public Health <input type="checkbox"/> Health Care <input type="checkbox"/> FIRE <input type="checkbox"/> OTHER <input type="checkbox"/>
Mailing Address: Home <input type="checkbox"/> Business <input type="checkbox"/>	Work Phone:
Course Name: ICS 300	Number for Messages:
Course Date:	Fax Address:
Course # (if applicable):	Other Number:
Courses taken to meet prerequisite(s), including dates and location:	
If you have any special needs, please let us know how we can help:	
Briefly describe your activities or responsibilities as they relate to this course:	
Signature of Immediate Supervisor:	Date:
Course registration contact Jason LeMaster at 317-776-8500 or <u>Jason.lemaster@hamiltoncounty.in.gov</u> Applications may be faxed to 317-776-8506. Mail applications to: <div style="margin-left: 150px;"> Hamilton County Health Department Attn: Jason LeMaster 18030 Foundation Drive, Suite A Noblesville, IN 46060 </div>	